



Wesco Insurance Company
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

COMMERCIAL COMMON POLICY DECLARATIONS SUMMARY PAGE

Policy Number WPP1196072 01

Policy Period

From: 10/19/2015 **To:** 10/19/2016

12:01 A.M. Standard Time at the Name Insured's Address

Transaction

Renewal

Named Insured and Address

STEVEN LEVINE
3616 FARWEST BLVD STE 117 PMB173
AUSTIN TX 78731

Producer: 57737

Scottish American Insurance General Agency, Inc.
2 TELEPORT DRIVE, CORPORATE COMMONS 2, S
STATEN ISLAND NY 10311
Telephone: (718) 906-5300

Business Description

LESSOR'S RISK ONLY

Type of Business

Limited Liability Company

Auditable ☒

Non-Auditable ☐

Audit Period

Annual

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART DESCRIPTION

Commercial Fire

General Liability

NY Fire Fee

PREMIUM

\$4,752.00

\$3,424.00

\$32.31

Policy Premium

\$8,176.00

Deposit Premium (if applicable)

\$8,176.00

Taxes and Surcharges

N/A in NY

Total Deposit Premium

\$8,208.31

(Includes Taxes, Surcharges, and applicable Terrorism Premium)

FORMS AND ENDORSEMENTS*

See Forms and Endorsements Schedule

*Entry optional if above in common policy declarations schedule

THESE DECLARATIONS TOGETHER WITH THE COVERAGE DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

9/14/2015

Date

Signature of Authorized Representative



Wesco Insurance Company
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Policy Number:
WPP1196072 01
Named Insured:
STEVEN LEVINE

COMMERCIAL COMMON POLICY DECLARATIONS LOCATION SUMMARY

Premises # 1

9913 43rd Ave

Corona

NY 11368

Premises # 2

10820 48th Ave

Corona

NY 11368



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**COMMERCIAL COMMON POLICY DECLARATIONS
SUB-LOCATION ADDRESS SCHEDULE**

Premises # 1

Building # 1

APARTMENTS WITHOUT MERCANTILE OCCUPANCIES - UP TO 10 UNITS

Premises # 2

Building # 1

APARTMENTS WITHOUT MERCANTILE OCCUPANCIES - UP TO 10 UNITS



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COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

Policy Number WPP1196072 01

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Producer: 57737

Scottish American Insurance General Agency, Inc.
2 TELEPORT DRIVE, CORPORATE COMMONS 2, S
STATEN ISLAND NY 10311
Telephone: (718) 906-5300

Business Description

LESSOR'S RISK ONLY

Type of Business

Limited Liability Company

Audit Period

Annual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000
Products - Completed Operations Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Medical Expense Limit, any one person	\$5,000
Damage to Premises Rented to You Limit, any one premises	\$100,000

AMENDED LIMITS OF LIABILITY

Refer to attached schedule, if any.

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Refer to attached schedule.

CLASSIFICATIONS

Refer to attached schedule, if any.

TOTAL PREMIUM FOR THIS COVERAGE PART \$3,424.00

FORMS AND ENDORSEMENTS*

See Forms and Endorsements Schedule

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COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

1	2
9913 43rd Ave	10820 48th Ave
Corona NY 11368	Corona NY 11368

PREMIUM

Location	Classification	Code No.	Exposure	Basis	Prem. Ops.	Rate Prod/Comp Ops.	Advance Premium Prem. Ops.	Prod/Comp Ops.
1	60022	6	U	285.337	0.000	\$1,712.00	\$0.00	
Apartments, Tenements, Boarding or Rooming Houses Without Elevator								
2	60022	6	U	285.337	0.000	\$1,712.00	\$0.00	
Apartments, Tenements, Boarding or Rooming Houses Without Elevator								

Extension of Declarations – Total Advance Annual Premium

\$3,424.00

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GLDEC 0408

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IN WITNESS WHEREOF, the company has caused this policy to be executed and attested by its President and Secretary at Rocky Hill, Connecticut, and this policy shall not be valid unless countersigned by an authorized representative of the company.

A handwritten signature in blue ink, appearing to read "Jeffrey Ford", is written over a light blue circular stamp.

President

A handwritten signature in black ink, appearing to read "Stephen Unger", is written over a light blue circular stamp.

Secretary



Wesco Insurance Company
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COMMERCIAL PROPERTY COVERAGE DECLARATIONS

Policy Number WPP1196072 01

Policy Period

From: 10/19/2015 **To:** 10/19/2016

12:01 A.M. Standard Time at the Name Insured's Address

Transaction

Renewal

Named Insured and Address

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3616 FARWEST BLVD STE 117 PMB173
AUSTIN TX 78731

Producer: 57737

Scottish American Insurance General Agency, Inc.
2 TELEPORT DRIVE, CORPORATE COMMONS 2, S
STATEN ISLAND NY 10311
Telephone: (718) 906-5300

Business Description

LESSOR'S RISK ONLY

Type of Business

Limited Liability Company

Audit Period

Annual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIPTION OF PREMISES

Refer to attached schedule.

COVERAGES PROVIDED

Refer to attached schedule, if any.

OPTIONAL COVERAGES

Refer to attached schedule, if any.

MORTGAGEES AND ADDITIONAL INTERESTS

Refer to attached schedule, if any.

TOTAL PREMIUM FOR THIS COVERAGE PART \$4,752.00

FORMS AND ENDORSEMENTS*

See forms and Endorsements Schedule

*Entry optional if shown in common policy declarations.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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STEVEN LEVINE

COMMERCIAL PROPERTY DESCRIPTION OF PREMISES

Prem. Bldg.		Occupancy	Construction	Class	Prot.	Terr.	EQ	EQ
No.	No.						Class.	Terr.
1	1	Apartments without Mercantile Occupancies – Up to 10 Units	Joisted Masonry (Code 2)	0311	2	410		
2	1	Apartments without Mercantile Occupancies – Up to 10 Units	Joisted Masonry (Code 2)	0311	2	410		



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COMMERCIAL PROPERTY DESCRIPTION OF COVERAGES PROVIDED

Prem No	Bldg No.	Coverage	Limit Of Insurance	Blanket Coverage	Covered Causes Of Loss	Coinsurance	Ded.
1	1	Building	\$626,333		Special	100%	\$2,500
1	1	Business Income including Rental Value with Extra Expense	\$80,000		Special	80%	
1	1	Ordinance Or LawB	See Endo		Special		
1	1	Ordinance Or LawC	See Endo		Special		
2	1	Building	\$870,539		Special	100%	\$2,500
2	1	Business Income including Rental Value with Extra Expense	\$54,000		Special	80%	

†IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

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COMMERCIAL PROPERTY DESCRIPTION OF OPTIONAL COVERAGES PROVIDED

Prem No	Bldg No	Coverage	Effective Date	Expiration Date	Agreed Value	Bldg	Valuation†		Inflation Guard		Monthly Limit of Indemnity	Maximum Limit of Indemnity	Extended Period of Indemnity
							Pers Prop	Incl Stock	Bldg	Pers Prop			
1	1	Bldg	10/19/2015	10/19/2016	X	RC		RC	4%				
1	1	Business Income including Rental Value with Extra Expense											
1	1	OrdinanceOrLawB											
1	1	OrdinanceOrLawC											
2	1	Bldg	10/19/2015	10/19/2016	X	RC		RC	4%				
2	1	Business Income including Rental Value with Extra Expense											

† RC = Replacement Cost
FRC = Functional Replacement Cost
ACV = Actual Cash Value

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COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATIONS

LOCATION SCHEDULE PREMIUM CHARGES:

Premises Number	Building Number	Coverage	Covered Causes Of Loss	Premium
1	1	Building	Special Excluding Theft	\$1,617.00
1	1	BusinessIncome including Rental Value with Extra Expense	Special Excluding Theft	\$158.00
1	1	Ordinance Or LawB	Special Excluding Theft	\$83.00
1	1	Ordinance Or LawC	Special Excluding Theft	\$83.00
1		Equipment Breakdown		\$71.00
			Location 1 Total	\$2,012.00
2	1	Building	Special Excluding Theft	\$2,140.00
2	1	BusinessIncome including Rental Value with Extra Expense	Special Excluding Theft	\$107.00
2		Equipment Breakdown		\$82.00
			Location 2 Total	\$2,329.00

OTHER PROPERTY COVERAGE PREMIUM CHARGES:

Coverage	Premium
Terrorism	\$112

Total Other Property: \$112.00
Total Blanket Property: \$0.00

Total Property Premium Charges: \$4,752.00
(Excluding Taxes and Surcharges)



**COMMERCIAL PACKAGE POLICY
POLICY INTEREST SCHEDULE**

MORTGAGEE

New York Community Bank ISAOA/ATIMA
PO Box 5070
LOAN#110611956
Troy, MI 48007
Units (Loc - Bldg): 1-1

MORTGAGEE

JP MORGAN CHASE BANK NA ISAOA
ATTN: TX1-1711 LOAN#714133733
PO BOX 9005
COPPELL, NY 75019-9005
Units (Loc - Bldg): 2-1

LOSS PAYABLE

JP Morgan Chase Bank NA ISAOA
Attn: TX1 - 1711 LOAN#714133733
PO Box 9005
Coppell, TX 75019-9005
Units (Loc - Bldg): 2-1